

The Center for Medical Missions'

e-Pistle

March 2007

Welcome to this month's e-Pistle. I have a shorter issue for you today because we have not been able to find anyone in the field willing to contribute.

I don't even have an article for you from Barrabas, MD. That concerns me as I've written but heard nothing from him. I hope you will pray with me that wherever he is, he and his family are OK. The last I heard from him, he had taken his family into a new area where life could be risky.

Yes, I am looking for future contributions for the e-Pistle. If you have an idea or are willing to write about something that will be helpful to the Lord's work going on around the globe, please let me know.

Dr. Stevens' article this month is about finding needed funds for your ministry. You will get a good introduction this month, with some nuts and bolts coming next month.

I thoroughly enjoyed the challenge found in this month's devotional. I hope you will, too. Thank you, Rev. Key.

Daniel Tolan, MD has presented an article on delegation. I think you will find it thought provoking. I learned some new ways of looking at things as I read through it. It seems Daniel has learned from Dave, as his article will be continued, also.

Finally, I've given you some information about a couple of books which might be useful to you and also a conference that is being held here in the States at the end of April. The subject of human trafficking is becoming more public and CMDA has a huge interest in this area. I think we in the medical ministry will need to play an active role in addressing this problem. We all need to educate ourselves on this important topic.

Well, that's it for this issue. I hope you find something to challenge as well as encourage. All the best, Susan

Raising Big Bucks Section IX: Funding Opportunities

By David Stevens, MD

All of us need money for our medical ministries, and lots of it. Providing medical service is not cheap, even if your medical facility is self-supporting in its day-to-day operation. You still need a large "needy people's fund," as well as money for equipment, new buildings, training schools and program help for community health/development evangelism. In fact, the list goes on and

on. If you are in a mission that requires you to raise your own personal support, you know the challenge of going church to church, and if you are with a denomination, they are unlikely to have the funds available to do all that needs to be done. So where do you raise the big bucks needed to insure you can provide not only good healthcare, but also have the opportunity to win people to Christ?

You may not have ever thought of it, but “funders” need you. Good projects and effective programs are not easily found. Their job is to give away money and foundations; trusts and even some government programs are required to give a set amount away each year. The leaders of these groups have to show results to their board or other overseeing body. They have to demonstrate they have made a difference. You have an advantage with these groups, since you can movingly picture the need for your services in ways that many other outreaches cannot.

Secular funding groups are looking with favor on faith-based organizations (FBO’s) more and more. The World Health Organization now admits that 30-70% of healthcare in Africa is provided by FBO’s and a recent Gallup Poll revealed that in 19 African countries the local people put their greatest trust in religious organizations. There is also ample data that the ABC approach (A-for abstinence, B-for being faithful and C-for consistent condom use), favored by FBO’s, is the most effective way to slow the AIDS epidemic.

So what has kept more major funders from finding you, and you them? Many times you lack knowledge of each other’s existence or mutual interests. Commonly, medical missionaries lack the time, energy or expertise to apply to the search. Often doctors are so overburdened by their patient care responsibilities that they rarely get to the capital to find out about funding organizations that have offices in their service country or they lack cheap internet access to search for those that exist elsewhere.

Yet, one of the keys to success in your ministry is the ability to find and organize financial and human resources. If you are leader in your ministry, these are two of your most important tasks.

I was in language school as a new missionary. Our 135-bed hospital was averaging 180% occupancy, so a building project was underway that would provide operating rooms, 70 more beds and space for a small nursing school. But we had a problem. The project was costing more than anticipated and we were running out of funds.

My dad mentioned to me that he knew a widow whose husband had established a foundation focused on Africa. With no expertise but lots of determination, I sat down one Sunday afternoon and wrote her a three-page letter asking for money to build and fund the nursing school’s start up. I ran a draft for editing by the hospital CEO and then I sent it off in the mail. Six weeks later, we got word that the foundation had given us \$150,000, which was a lot of money in 1981. I remember thinking, “This is much easier than deputation! How many churches would I have to speak in to raise \$150,000?”

Over the next 10 years we raised over \$5 million dollars to remodel and establish new buildings, staff housing, a hydroelectric plant, a sewage system, water treatment plant and other capital

projects. We funded our community outreaches, started a chaplaincy training school, bought equipment and built a visiting staff quarters. Let me share with you what I learned along the way.

Planning precedes the proposal. You need to be able to articulate your mission, vision, slogan and values (see back issues of the e-Pistle if you don't know how to develop these). You need to do an "environmental analysis" to document the biggest issues you are facing now or will face in the future. Obtain as much hard data as you can so your proposal is not an opinion piece. Look for country specific figures to use as a backdrop, but add specific information on your service area. If necessary, do a survey of your target population. We used schoolteachers during their break to do a survey of 600 homes and then worked with a U.S. school of public health to evaluate the data. You can also use hospital data. If you are not doing an annual report on your medical ministry, this is the time to start. It is needed to include with your proposal and also provides useful data to show problems that need to be addressed.

Prioritize your problems to address and develop a strategy to address them. How will you measure success? For example, if you want to decrease the incidence of morbidity and mortality from gastroenteritis, strategies may include teaching people how to use clean water, do oral rehydration, to wash their hands and build latrines. Success might be measured by a 40% increase in the number of homes with latrines, a 50% increase of mothers that know how to do ORS on a home survey or the number of water filtrations systems you make and distribute, but the most valuable data would be to demonstrate a decrease in gastroenteritis in the last two weeks on a home survey that correlates with decreased admissions for dehydration.

What funding will you need to hire staff, buy equipment, build buildings or start programs to solve the problem you have identified? Why is your organization especially suited to address this need? What are others doing about this problem? Are you willing to network, work with them or complement their efforts?

Thinking through these areas are key to getting the funding you need. *To be cont'd.*

Cura Animarum

By Rev. Stan Key

Jesus said many things that could be classified as "hard sayings." It is not so much that they are hard to understand. Rather, they are hard to accept.

"Apart from me you can do nothing," is certainly one of those sayings (John 15:5). One does not need knowledge of Greek or a degree in Systematic Theology to understand the meaning. Without Christ our lives are big fat nothings! Easy to understand. Hard to accept.

Read as Dr. Larry Crabb, author, counselor and Christian psychologist, testifies to how an awareness of his inadequacy opened new doors of power and freedom in Christ.

Recently I've made a truly liberating discovery. I am inadequate. My sense of inadequacy is not the effect of deficient intellect or poor training, nor is it a symptom of emotional disorder. It is the painful admission of what is true. On my own, I can make nothing of importance happen...

But if I abide in Christ, if I present myself before God's Spirit for searching and filling, if I study and ponder the Scriptures and live my life in brokenness before a grace-dispensing community, I can transcend my inadequacy. I can find myself as I worship...

I have learned that an awareness of inadequacy is neither a curse to lift nor a disorder to cure. It is a gift to be received, a gift that if properly used can make me powerful and strong and clear and wise. (Shattered Dreams, pp. 80-81).

It takes courage to receive a gift like this. But we can never know Him in His fullness until we come to grips with our own emptiness! As we worship today, let us freely acknowledge our emptiness, our inadequacy, and our sin. But in the same moment, let us acknowledge His glorious promise to accept us, to fill us and to make us new!

Pastor Stan

Effective Delegation

By Daniel Tolan, MD

Effective delegation is a critical element of the management of any organization, business, team, or project. Often we think of delegation from the manager's viewpoint, but it is just as crucial for those being managed to understand key principals of delegation. Delegation is not a one-way street. Managers must ensure delegation happens properly. The one who accepts the delegation has the opportunity to "upward manage" by ensuring the delegation is done well. The principles set forth in this article can be equally applied from either standpoint and are necessary for effective delegation.

What defines delegation? Derek Stockley defines delegation as assigning responsibility and accountability for a desired outcome or achievement. Delegation can be given to either an individual or to a group within an organized body. Too often we think we have delegated when we simply tell people what to do, supplying a list of tasks to be done. This is not delegation. Webster defines delegate as - "to entrust to another" or "to assign responsibility or authority." What really happens when we delegate is that we empower another person to act.

Empowering another person to act is the key part of the definition. We do not empower someone when our focus is on the "how" or on the method. People are empowered when entrusted with the "what" or the agreed upon desired results. Of course the level of guidance by the team leader will vary depending on the maturity and ability of the person delegated to. However, the focus must always be on the desired result and not the method. Otherwise we are not truly delegating

but only assigning tasks. We are not empowering but allocating. There is a subtle but important difference.

How important is effective delegation? People crave trust and responsibility. This is true across cultural, socioeconomic and age boundaries. Levels of employee motivation, performance, and behavior are often determined by the level of entrusted responsibility, authority, and accountability. As a result of effective delegation:

- Managers have more time to pursue managing and evaluation instead of doing
- Employees feel greatly valued
- A stronger team is developed with increased accountability
- The team can respond to needs of the consumer much more rapidly when employees are active, responsive and lively (empowered)

One author put it this way, “Delegation is an ethical responsibility owed by leaders to themselves, those with whom they work and their organization.” (Univ. Ministry Leadership Training)

Rather than me listing the benefits of delegation for these three (leaders, members, organizations), I would encourage you to reflect on the benefits. Continue the following list and then compare it to next month’s article.

Delegation benefits

1. Leaders by...
 - i. Allows time to plan
 - ii.
2. Members (employees) by...
 - i. Builds trust
 - ii.
3. Organizations by...
 - i. Increases production
 - ii.

What hinders delegation? One entrepreneur talks of the entrepreneur’s curse: insisting on doing it all. This is probably the top reason most experts give for not delegating. However, I feel that while this may be the initial reason for not delegating it is our lack of empowering others that prevents us from further delegation. Why? Because when we fail to properly delegate we experience failure or frustration leading to reluctance to delegate further. This problem builds to the point where those we work with sense distrust, lose motivation, and shy away from accountability and authority.

There are many other reasons for lack of delegation. What are some of the reasons you may not be delegating as you should or could? Make a list of some specific areas with which you struggle. Next month we will examine more closely the failure to delegate. To help you get started...

1. It is my company (project, organization) so ultimately it is my job.
2. We cannot afford mistakes...
- 3.
- 4.

Remember the parable of “The Little Red Hen”? As a young child I thought the hen to be a hero. Most of us still have the characteristics of the hen that owned a wheat field and asked who would help harvest the wheat. The dog, pig, and cow all said they could not for reasons of not knowing how, clumsiness, or business. They refused to help grind the grain saying the hen could do it better, they were not trained, etc. When asked to help make bread they all refused again. So, she did it herself. Later that day, when the dog, pig, and cow came for dinner, the hen had not planned a meal, fixed desert or even prepared the table. How does this illustrate the necessity of a good leader involving others to the extent of their ability? Don’t “chicken out” and just do the whole thing yourself!

Those of us involved in cross-cultural health care ministry usually have an entrepreneurial spirit and can be quite like the red hen. Delegating does not come easily or naturally to us. When we do “delegate” it is often the dividing up of tasks instead of really delegation of responsibility. Inadvertently we quash initiative and motivation. Doing everything ourselves is inefficient and eventually leads to distrust, decreased motivation, burnout, and discouragement.

This article will be continued next month as we continue to look at principals of delegation.

Resources

Books

Setting Up Community Health Programmes, A Practical Manual for Use in Developing Countries, 3rd Edition

By Ted Lankester

This revised edition has all you need to know about how to set up community-based health care in rural or urban areas.

The community approach to primary health care is steadily climbing the agenda. This makes the publication of a major revision of SUCHP timely. The book incorporates much of the recent research, which has been done in a variety of countries on community-based approaches to primary health care. This revised edition brings the community care of people with HIV into a central position. It deals with the synergy between HIV and TB and offers community-based approaches to treatment as well as care and prevention. The evidence-based approach, which underpins the book, will make it an attractive resource for the increasing number of health courses, especially at master’s level. These revisions make the book invaluable for anyone involved in primary health care including doctors, nurses, and care workers of all levels.

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AUTHOR

Ted Lankester is currently Director of Health Care at InterHealth, an international health centre whose staff acts as health advisors to a wide range of church-based and international aid agencies. He has wide experience of work in developing countries as well as the UK, where he has also worked as a specialist in primary health care.

He was founder-director of SHARE, a community-based health programme in the Himalayas and helped set up other health programmes amongst refugees and poor rural communities. He

was until recently a Board member of Tearfund and Assistant Editor of Tropical Doctor. Along with health care colleagues he has recently set up Community Health Global Network, www.chgn.org.

You can purchase this book from **INTERHEALTH** for **£5.50 plus P and P**.
supplies@interhealth.org.uk Web www.interhealth.org.uk/shop

The Traveller's Good Health Guide, 3rd Edition

By Ted Lankester

Written in an easy-to-read style, with cartoons and illustrations, this lively and informative book has been expanded to over 400 pages of practical and helpful advice in four sections:

Before You Go – from immunizations and malaria prevention to essential health supplies

Health Traveling – minimize your travel-health risks with vital precautions, including food and water safety tips

Returning Home – know when you should get a travel-health worry checked out and how to deal with stress and reverse culture shock

Plus – a detailed glossary of infections and conditions that affect travelers; how to prevent them and how to deal with them

Is this something to check out as a resource for the many visitors who come to assist your ministry? If you are interested you can purchase this at www.interhealth.org.uk/shop.

Conference

Asha Forum Consultation for North America (Child Trafficking)

April 27 – 29, 2007

Fuller Theological Seminary

Pasadena, California

The first-ever Asha Forum Consultation in North America is designed to inform, equip, and empower students, professors, church leaders, childcare providers and others who minister to children who have been sexually exploited or trafficked.

Participants will learn about a broad range of issues involved in caring for the sexually abused child, including psychological, spiritual, legal and economic issues, along with factors that increase demand for sexual exploitation and trafficking, such as pornography, sexual addiction and sex tourism.

If interested you can register online at: www.fuller.edu/sis.ashaconsultation.

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